## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



County and General Location

## SOLID WASTE FACILITY PERMIT TRANSFER APPLICATION SWF-13

## To begin:

Please read instructions before beginning. This application form shall be used to apply for transfer of solid waste facility permits. Pursuant to 329 IAC 10-13-5 and 329 IAC 11-11-5, this application must be received by the Commissioner of the Indiana Department of Environmental Department of Environmental Management at least sixty (60) days prior to the proposed date of transfer. Per 329 IAC 10-13-5(a) and 329 IAC 11-11-5(a), a permit may be transferred if the transferee has not been convicted under IC 13-30-6 or IC 36-9-30-35, nor has the transferee had a permit revoked by the Commissioner under IC 13-15-

7. **Please note** the version date of this form next to the page number; if you have received this form more than 6 months after this date it is recommended you contact our office at 317-232-0066 to determine if this form is still current. When completed, please return this form and support documents, forms and checklists to:

Solid Waste Permits Section
Office of Land Quality (N1154)
Indiana Department of Environmental Management
100 North Senate Avenue, P.O. Box 6015
Indianapolis, Indiana 46206-6015

Section A.	Transferee Information	n			
Name:					
Mailing Address:	Street	Apt. #	P.O. Box	Town/City	
State	Zip Code		Telephone Number (with are	ea code)	
Section B.	Transferor (or Curren	t Permittee	) Information		
Name:					
Mailing Address:	Street	Apt. #	P.O. Box	Town/City	
State	Zip Code		Telephone Number (with are	ea code)	
	Property Owner Infor	mation			
Name:					
Mailing Address:	Street	Apt. #	P.O. Box	Town/City	
State	Zip Code		Telephone Number (with area code)		
Section D.	Facility Information				
Name:	-,			Permit Number(s):	
Mailing Address:	Street	Apt. #	P.O. Box	Town/City	

Section D. Facility Information (continu	~d)						
Section D. Facility Information (continue	•						
Sanitary Landfill (Municipal Solid Waste Lan		Restricted Waste Site Type I					
Sanitary Landfill (Non-municipal Solid Waste	: Landfill)	Restricted Waste Site Type II					
Construction/Demolition Site	[	Restricted Waste Site Type III					
Infectious Waste Incinerator-7 tons/day or gre	ater	Solid Waste Processing Facility					
Section E. Additional Information Requ	ired						
Pursuant to 329 IAC 10-13-5 and 329 IAC 11-11-5, the following information shall be submitted as attachments.							
<ol> <li>Where financial responsibility is required for a as provided in 329 IAC 10-39-1 and 329 IAC 12.</li> <li>The transferee must provide proof that the trans 3. A written agreement containing a specific date 4. Complete legal description of the facility.</li> <li>Names of adjacent landowners</li> </ol> Section F. Signatures and Certification 6.	1-16-1. feree is, or will be, the conference of transfer of permit responds	· · · · · · · · · · · · · · · · · · ·					
329 IAC 10-11-3(d) requires that the signatory for a permit application sign to the following certification statement:							
I hereby certify that to the best of my knowledge, the above information is accurate and request that solid waste facility permit number be transferred to the party named above as the new applicant.							
Transferor's Signature	Date						
Transferor's Name Typed							
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized to submit this information."							
Transferee's Signature	Date						
Transferee's Name Typed							
I hereby certify that I am fully aware of my responsibili which a solid waste facility is located and shall be liable		• • • • • • • • • • • • • • • • • • • •					
Property Owner's Signature	Date						
Property Owner's Name Typed							